

**COLORADO CLASSIFICATION ENDORSEMENT**

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Colorado is shown in Item 3.A. of the Information Page.

Section B. Classifications of Part Five (Premium) is amended by adding the following:

The assignment of a proper classification resulting in higher premium is allowed only if the misclassification was caused by your failure to provide accurate or complete data. If your operation changes during the policy term, you must notify us within ninety days of the change. Failure to notify us will be considered a failure to provide accurate or complete data.

Section E. Final Premium of Part Five is amended by adding this sentence at the end of the first paragraph:

Payments to us or to you based on improper classification may be collected or refunded during the term of the policy and for twelve months after the term.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective Date: 07/05/2022      Policy No. PFFL750007      Endorsement No.  
Policy Effective Date: 01/01/2022 to 01/01/2023      Premium \$  
Insured: Lifeways Community Mental Health

DBA:

Carrier Name / Code: Midwest Employers Casualty Company

**WC 05 04 02**  
(Ed. 11-90)

Countersigned by \_\_\_\_\_

